

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**=62-030050**

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

489

STATE FILE NUMBER

**FILED SEP 1 1962**

**1. PLACE OF DEATH**

a. COUNTY **Boone**

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN **Columbia**

Length of stay in lb  
**2 Weeks**

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION **Boone County Hospital**

Inside Limits  
Yes ☒ No ☐

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** COUNTY **Boone**

c. CITY  
OR  
TOWN **Sturgeon**

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm  
Yes ☐ No ☒

**3. NAME OF DECEASED**  
(Type or print)

First Middle Last  
**JAMES WALTER YATES**

4. DATE OF DEATH  
Month Day Year  
**August 26, 1962**

**5. SEX**

**Male**

**6. COLOR OR RACE**

**Caucasian**

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
**6-13-1882**

9. AGE (last birthday)  
**80**

IF UNDER 1 YEAR  
Months Days  
IF UNDER 24 HR  
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Farmer**

10b. KIND OF BUSINESS OR INDUSTRY  
**Farming**

11. BIRTHPLACE (City and state or country)  
**Ray County, Mo.**

12. CITIZEN OF WHAT COUNTRY  
**USA**

**13a. FATHER'S NAME**

**J. T. Yates**

**13b. MOTHER'S MAIDEN NAME**

**Janie Richardson**

**14. NAME OF HUSBAND OR WIFE**

**Lillian Yates**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
**no**

17. INFORMANT  
Address  
**Lillian Yates Sturgeon, Missouri**

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Hepato-renal syndrome**

INTERVAL BETWEEN  
ONSET AND DEATH  
**4 days**

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b) **Cirrhosis of liver**

**4-5 yrs.**

DUE TO (c) **common duct abst. (stone)**

**3 weeks**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **8-15-62** to **8-26-62** and last saw him alive on **8-26-62**  
Death occurred at **11:30** A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

**Sheldon A. Smith M.D.**

22b. ADDRESS

**1015 Cherry, Columbia, Mo.**

22c. DATE SIGNED

**8-27-62**

23a. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

23b. DATE

**8-28-62**

23c. NAME OF CEMETERY OR CREMATORY

**Mt. Horeb Cemetery**

23d. LOCATION (City, town, or county) (State)

**Sturgeon, Missouri**

24. FUNERAL DIRECTOR

**Eric J. Mader Centralia, Missouri**

ADDRESS

25. DATE RECD. BY LOCAL REG.

**Aug. 27 1962**

26. REGISTRAR'S SIGNATURE

**Mrs R.E. Palmer**

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT BY AFFIDAVIT OF

VS 300  
Rev. 4/59

6109

2 01002

3

4 0

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9 581.0

10

11

12 1-0

13 3-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*B. J. Meadows*

Licensed Embalmer No. 4876

P. O. Address Centralia, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.